

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L98000002557

1. Entity Name
DEHUN TECHNOLOGIES L.L.C.

FILED

01 MAY 21 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
C/O KIRKPATRICK & LOCKHART LLP
201 SOUTH BISCAYNE BLVD., 20TH FLOOR
MIAMI, FL 33131

Mailing Address
C/O KIRKPATRICK & LOCKHART LLP
201 SOUTH BISCAYNE BLVD., 20TH FLOOR
MIAMI, FL 33131

2. Principal Place of Business
1141 South Rogers Circle

3. Mailing Address
1141 South Rogers Circle

Suite, Apt. #, etc.
Suite 1

Suite, Apt. #, etc.
Suite 1

City & State
Boca Raton, FL

City & State
Boca Raton, FL

4. FEI Number 65-0956719

Applied For
Not Applicable

Zip
33487

Country
USA

Zip
33487

Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITE, ROBERT C JR
C/O KIRKPATRICK & LOCKHART LLP
201 SOUTH BISCAYNE BLVD., 20TH FLOOR
MIAMI FL 33131

Name BDB Agent Co, an Ohio corporation

Street Address (P.O. Box Number is Not Acceptable)
2500 North Military Trail

Suite 480

City Boca Raton FL Zip Code 33431

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

BDB Agent Co.,

By: Solomon Zoberman, Assistant Secretary

4-26-2001

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE Member
NAME LEDNICZKY, FERENC
STREET ADDRESS 2255 GLADES ROAD, SUITE 324-A
CITY-ST-ZIP BOCA RATON FL 33431

TITLE
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10. ADDITIONS / CHANGES

TITLE President
NAME Ledniczky Ferenc
STREET ADDRESS 16700 Senterria Dr.
CITY-ST-ZIP Delray Beach FL 33484

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

4-26-01

561 216-6867

CR2E083 (11/00)